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ORIGINAL DEPARTMENT.

LECTURE.

TREATMENT OF GONORRHŒA.

A Lecture delivered at the College of Physicians and Surgeons, New York,

BY DR. WEIR.

Reported for the MEDICAL AND SURGICAL REPORTER.

During the acute stage of gonorrhœa we can do but little locally. The urine is to be rendered alkaline by the administration of sod. bicarb. or liq. potass., and it is not until the second or third day that it will be proper to give anti-blenorrhagics. Diday and the French school of syphilographers recommend that a much longer interval should elapse, of two, or even three, weeks, before the administration of these remedies. "Wait," they say, "until the clap is ripe." If some of the discharge be taken between the thumb and finger, and when these are separated, stretches between the two, as a somewhat tough and ropy filament, an inch in length, then they say the clap is ripe, and that is the time for active treatment. In this country, however, and in England, we do not allow so long a period to elapse before administering our remedies.

When you have decided that it is proper to use anti-blenorrhagics, you will have many to choose from; but remember that they all exert their influence on the inflamed mucous surface by being brought in contact with it through the medium of the urine, being eliminated from the body by the kidneys. The principal anti-blenorrhagics are the balsam of copaiba, powder of cubebs, sandal-wood oil, and one other which has recently been brought into notice, gurjun balsam. This latter remedy has been highly spoken of in Paris, and is well worth a trial, as it is not offensive to the stomach and has not the tell-tale odor of the other remedies. You will then choose one or other of these remedies and administer it in some combination, such as the Lafayette mixture, giving of the copaiba from fifteen minims to two drachms in the course of the day, or of the oil of sandal wood fifteen minims to half a drachm, three times a day; of the gurjun balsam half a drachm three times a day. Often you will get a better result by alternating the drugs, giving, for instance, the cubebs in the morning, and copaiba or sandal oil in the evening. One thing you must remember, and that is that all these remedies which I have mentioned are liable to affect the kidneys, so as to give rise to great pain in the loins, and change the character of the urine, which becomes dark-colored, and in which you may discover blood corpuscles with the microscope. Eruptions of urticaria and erythema may also be produced by these drugs, arising from the disturbance of the stomach which they excite. When such accidents as these occur, you must stop your remedy. In the case of the eruptions, you may apply a solution of sod. bicarb., which is excellent for all such inflamed surfaces; indeed, it is one of the best applications for a burn. You will also give it internally. The administration of iron is not to be neglected in cases of gonorrhœa. Your patient may become anæmic, perhaps, from the disturbance of digestion which your remedies may produce, or from too rigid a diet. Do not allow him to run down; if you do, you may not cure his clap. During the last years of his practice, Dr. Bumstead told me that he administered these anti-blenorrhagic remedies less and less, as he

thought they did little good. I myself use them, perhaps, less than he did, certainly less than formerly, as their efficacy is often doubtful, while they certainly disturb digestion, and by their odor tell tales which the patient would prefer kept secret. They belong to the stage of gonorrhœa, rather than that of gleet. If you get no good results from them in a week, stop their administration, as they are useless. Assuming, then, that four or five days have passed, that the ardor urinæ has ceased, the chordee less frequent, now comes the time for injections. Many different substances have been used, but there are three salts which head the long list and comprise in themselves the remedial excellencies of all. These are the sulphate and acetate of zinc and the nitrate of silver. These are emphatically the best. The first two mentioned are about equal in efficacy, and these you will use most commonly, the strength of the solution varying from two to three grains to the ounce. For purposes of injection the best syringe is perhaps that of Sigmund, which has practically no nozzle at all, the barrel of the syringe simply tapering down at the end so as to just fit the meatus. A syringe with a long nozzle, such as is ordinarily sold, is not proper, as the end of the nozzle rubs against the inflamed urethra and adds to the irritation there, besides being painful. What is wanted is a nozzle that will just enter the canal and no more. There is a syringe called the Peerless syringe, which is made of glass but has a soft rubber nozzle. This is a very good one, as the meatus cannot be injured, and as the soft nozzle will exactly fit any ordinary bottle, the syringe may be filled, the bottle being turned upside down, without spilling a drop of the solution.

Before injecting, the patient must pass water, to get rid of the discharge as far as possible, for you do not want to force it into the deeper portions of the canal by the injection, and so extend the disease. Then do not direct too much to be thrown in at once. Remember that the capacity of the urethra is only six to eight drachms. You will not need, therefore, more than half an ounce, as you do not wish to throw the solution beyond the compressor urethræ muscle and into the prostatic urethra. Let the injection be made slowly and carefully, and allowed to flow immediately out the first time, as the urine which wets the walls of the urethra may decompose the injection, especially if it is one of nitrate of silver. Then a second injection being made, is to remain in the canal two or three minutes. The patient must rub the solution up and down in the urethra, so that it may come in contact with the lacunæ and follicles. This is to be done by pacing a finger up and down over the urethra. The injection when so used should not give rise to much pain. It should occasion only slight tingling and smarting, which should last only for a minute or two. If the pain is severe, direct the injection to be diluted one-half with water. At first your patient is to use the injection only three times a day, but if it is well borne it may be used after each act of urination. An injection ought not to be made just before the patient goes to bed, as it is liable to bring on an attack of chordee. It ought to be used an hour before going to bed. These zinc salts will answer every purpose, yet there are other preparations which it is well you should know, so I mention them here. There is Ricord's formula, which is famous, and much used by men about town. It is as follows:—

RICORD'S INJECTION.

℞.	Zinci sulph.,	grs. xv
	Plumbi acetat.,	grs. xv
	Aquæ rosæ,	℥ iij.

Then there is the injection Brou, which is a French proprietary remedy, the ingredients of which, however, are pretty well known. In France the Government demands that the formula of every secret proprietary remedy shall be deposited with it for record, promising, at the same time, that it shall not be divulged. Somehow these things do leak out, and this is pretty nearly the formula of the injection Brou:—

INJECTION BROU.

℞.	Zinci sulph.,		grs. viij
	Plumbi acetatis,		grs. xv
	Tinct. catechu,		℥ j
	Tinct. opii,		
	Aquæ,	āā	℥ iij.

I have in my hand a bottle of injection put up according to this formula, and you see it differs very little from the proprietary remedy which I now show. Then there is the "matico" injection, named, I suppose, on the lucus a non lucendo principle, for it contains no matico at all. This is the formula:—

"MATICO" INJECTION.

℞.	Zinci acetat.,		grs. vj
	Morph. acetat.,		gr. j
	Tannin,		grs. iij
	Aquæ aurant. flor.,		℥ j
	Aquæ,	ad	℥ j.

This is quite a strong solution, as you will see, containing no less than six grains of the zinc salt to the ounce. Such strong injections as this are useful when there is a chronic urethritis existing, the remains of a declining gonorrhœa,

where the discharge is muco-purulent in character.

Kava-kava is a remedy which has been used a great deal lately. One drachm of it should be added to a pint of boiling water, and the whole quantity taken per orem during the day. It causes an increase of urine and increased scalding, but is said to cure in forty-eight hours. Nitrate of silver answers very well sometimes, especially in those chronic cases where there is a slight mucous discharge seen only in the morning. You may commence with a mild solution of half a grain to the ounce, and increase it to five grains to the ounce, which I never exceed. This solution may be applied to the deeper parts of the urethra in case the ordinary manner of injecting fails. To do this you must make use of a long-nozzled catheter syringe.

There are various complications which may arise during the course of the gonorrhœa, and it is necessary that you should be acquainted with what they are, in order to recognize and treat them when they occur. The whole urethral canal is, as you know, studded with follicles. There are one or two of large size, especially on the roof of the urethra, near the meatus.

The inflammation of the canal may extend into these follicles. Then the mouths of the follicles becoming plugged, the products of inflammation accumulate within the closed sac, and you have, as a result, a follicular abscess. There is another kind of urethral abscess, which, although it often commences in the follicles, does not confine itself there, but spreads into the cellular tissues adjoining, and results in a phlegmon. This abscess you are to open in the median line. It is not often followed by fistula, and is most frequent just below the frænum and at the peno-scrotal juncture.

Sometimes there will be a lymphangitis of the finer or coarser lymphatics on the dorsum of the penis, when you will be able to trace them toward the pubes, as a hard cord in the median line.

Occasionally the glands in the groin become inflamed, and may suppurate, but this is the result, usually, of a sore, although it sometimes follows a simple gonorrhœa.

This lymphangitis does not require much treatment. You may order a lead and opium wash to the parts, and enjoin rest. Sometimes you will meet with an inflammation of Cowper's glands, which are situated directly against the triangular ligament on either side of the urethra, with their ducts running into it. They correspond to the glands of Bartholini in the female. When they take on inflammatory action, one is more apt to be involved than both, although they may both become inflamed. Then they may be felt on either side of the median line, in the perineum, as two little hard kernels just posterior to the scrotum. The resulting abscess will open in the perineum. A more serious complication than any of these I have mentioned is swelled testicle. Your patient will complain of stinging pains in the scrotum. The testicle will become tender and commence to swell. The tenderness and swelling rapidly increase, and the patient takes to his bed and sends for you, very quickly. There may be vomiting, fever, and considerable constitutional disturbance, and the pain and swelling may extend upward on the spermatic cord to the external ring. Indeed, should this accident occur where your patient had an undescended testis, you would have all the symptoms of strangulated hernia. Of course, the testis would be absent from the scrotum in that case, which would guide you to a correct diagnosis.

This has been called a metastasis of the inflammation, but I am of the opinion that it is communicated to the testicle from the prostatic portion of the urethra through the vas deferens. What makes me think that this is rarely a true metastasis, as does occur, for instance, when an attack of mumps leaves the parotid gland to reappear in the testicle, is the fact that we have such clear indications of the inflammation passing along the vas deferens. Sometimes we have an intense peritonitis, having for its starting point the vas deferens; also abscesses in the iliac fossa, from some cause, and sometimes the cord itself is involved; although its fibrous tissues usually exert a protective influence. Now, if an epidymitis such as I have described were to occur on both sides, through a thickening of the tissues and consequent plugging up of the vas deferens, sterility might result. Such cases do occur. Should you have such a case, or find that both ducts were plugged up by testing the spermatic fluid and finding it destitute of spermatozoa, or discover a hard knot in the epididymis, do not be in a hurry to tell your patient that he is sterile. You can hold out a certain amount of encouragement to him, as sometimes, by the use of the oleate of mercury locally, conjoined with the iodide of potash internally, you may produce an absorption of the inflammatory products. Where the globus minor is involved the case is more discouraging, for there the main channel from the testes is blocked up; whereas, should the exudation be confined to the

globus major, some portions of the seminiferous tubes might still remain uninjured. In former years, at the New York Hospital, this acute epididymitis used to be treated in this way. The patient was directed to stand up, and then the scrotum, on the affected side, was bathed with hot water, to distend the veins, which were then pricked with a knife. When sufficient blood had been drawn the patient was allowed to lie down. Now, this was, I assure you, excessively painful, and I do not like this treatment. What I prefer is the application of a tobacco poultice. This is to be put between two thin pieces of muslin and applied to the affected side of the scrotum, which is to be supported by a handkerchief, folded three-corner wise, and attached to a bandage tied round the waist.

There is another plan of treatment which is excellent, and consists in the application of ice to the testicle. This is Diday's treatment. A bladder is to be filled with ice and placed on top of the testicle, with a second bladder at the side and another underneath. None of them, however, are to touch the skin, but a handkerchief is to be interposed, otherwise the sensation of cold will be unbearable. A towel must also be placed on the thigh, so that the bladders may not touch it, otherwise they will cause intense pain by producing a neuralgia of the anterior crural nerve. Air will accumulate in the bladders, as it is released by the melting of the ice, and will render them unstable and liable to slip about. They must then be opened and the air squeezed out. This may be necessary for two or three times. If this treatment does no good in the course of twenty-four hours, abandon it. For the high fever you may give aconite, and for the pain, opium. I must not omit to mention a remedy which has much credit in some quarters. It is the use of iodoform ointment, ʒj to ℥j of cerate, smeared over the scrotum, which is then covered with oiled silk.

For the dispersion of the exudation, I have already mentioned the use of the oleate of mercury locally. This is not, however, to be used of full strength, as it will produce a disagreeable pustular eruption on the scrotum. It is to be used, diluted with olive oil, in the proportion of one part to six. Strapping the testicle has been recommended, but it is a painful procedure and requires frequent renewal, as the instant the strapping becomes at all loose it ceases to be of service. Applications of hot water, when the acute inflammation has subsided, are of benefit. The testicle must, of course, not be allowed to hang down, but is to be kept suspended. For this purpose, Rawson's Army Bandage is the best.

Communications.

ON MEMBRANOUS ENTERITIS.

Paper read before the Northern Medical Association, February 27th, 1880,

BY ROBT. J. HESS, M.D.,
Resident Physician, Northern Dispensary.

The patient whose history I desire to bring before the Association to-night is a married woman, aged 32, who presented herself at the clinic of the Northern Dispensary in October last, with symptoms pointing to some uterine trouble, which, however was found, upon careful examination, to be secondary to another in importance, although adding greatly to her misery.

The history of the complaint, which I gained by close questioning, is substantially as follows:–

She was married in 1877. In May, 1878, she had a miscarriage, at six and one-half months. In February, 1879, she had a child at full term. For four months previous to this confinement she suffered from constipated bowels, for which she habitually took "Hamburger tea." It gave her at first one passage a day, but the stools were slimy, curdled and hard, and she became more and more constipated.

After this confinement she again suffered from obstinate constipation and dyspepsia, and became jaundiced; was very dizzy at times, and had double vision.

Upon consulting a physician, she was given pills which contained as a principal ingredient podophyllin. I do not remember the exact amount of this or of the other articles in the prescription, but my impression at the time was that they were harmless, and formed a mild laxative pill. The third week after her confinement she began to take one pill every night, as she said, "only one every night, for six nights."

These gave her three or four stools of a green-like garlic color, and of a very offensive odor. They gave her considerable irritation, and as a consequence she had blisters all over the inside of the mouth. Her physician ordered her to stop them.

She continued to have at times a thin, greenish discharge, and suffered greatly from colic. To relieve this condition she began to take regularly one teaspoonful of baking soda, dissolved in a quart of water, in four doses in the morning, and the same quantity in four doses in the evening, continuing it two or three weeks.

This gave her, at first, a little operation, then more and more. The discharges became thinner and thinner, until they could no longer be retained. Then on the fourteenth day of April, for some unaccountable reason, she stopped the soda, and at bedtime took, in one dose, three of the pills previously ordered for her.

The next morning, upon going to stool, she noticed "a long piece of slime, perhaps a foot long, which, under water, looked like thick skin. At each end was something which looked like the gall of a chicken." This did not entirely pass from her, so she pulled it away. She had three or four passages that day. According to her statement, she was then directed by her physician to take two of the same pills daily, with the desirable object, as she said, of preventing the sides of the intestines from growing together. She took them as directed, for five or six weeks, with two or three passages every day, and every passage containing great quantities of shreds and flakes, or as she called them, very appropriately, from their appearance, "skins." In a single day she sometimes passed "as much as would fill a large jar," meaning, of course, when floating in water. Some of these looked like tripe, but were not so thick. Sometimes there were long pieces, "as thick as leather in places." Some were gray in color, some light-red. She never passed any blood. While taking the pills she had, two or three times a week, vomited bilious matter, but she never vomited her food. She always complained of having a ravenous appetite, and said that she ate too much. She had, occasionally, in her stools, blackish lumps of greasy material combined with a greenish fluid. She suffered very much from flatulence. The stools were always offensive, and had the odor of decayed meat. She appeared to know when the shreds would become loose. She would feel them moving along in their entire course through the intestinal tract. She would have great itching of the skin, tearing and twisting sensations in the abdomen, with colic and tenesmus, and a rumbling and gurgling sound in the bowels, like water running into an empty bottle. This would last until the skins passed from her, when she would feel greatly relieved and remain comfortable for some time.

After stopping the pills she continued to have every day, for three or four weeks, one or more passages, and always more or less of this material. Sometimes there were large masses of thick skins. She was never confined to bed. On the contrary, she could not remain in it, on account of her "uneasy feelings."

After a while she became again constipated, and the general uneasiness and colic increased. To add to her troubles she became pregnant about this time. She was more anxious about herself. Her visits to the Dispensary were more frequent, and, as I learned since, from her friends, she became most variable and irritable in her temper, quarreling with her neighbors and with people who had befriended her, made herself disagreeable to every one who had anything to do with her, and manifested, at times, a moroseness and dejection almost amounting to melancholia. She was ordered turpentine injections, which gave relief for one week. Treatment directed toward her general condition, with assurances that she was not likely to have a permanent obstruction of the bowel, calmed very much the nervous symptoms, which apparently were about to supersede all the others in importance.

At about seven months she miscarried, seemingly without any great harm to herself. Since this time I have seen her but once, the discharge of membrane continuing.

The patient is thin, somewhat emaciated. The complexion is muddy and tinged with blotches of a darker color. The skin is dry and unhealthy. At times there is some hectic shown by the flush upon the cheek and an increased brilliancy of the eyes. The circulation is languid.

Although the patient is debilitated somewhat, and has great anxiety, consequent upon the chronic nature of her disease, although rest and sleep are much disturbed, yet, aside from these inconveniences and the pain of her sickness there is no very marked nervous disorder, such as *hysteria*, hypochondriasis, convulsions, chorea and partial palsy, mentioned by Da Costa as occurring in some cases.

The uterine disorder was among the first symptoms for which the patient was treated. The external os presented such a raw and inflamed appearance that we were of the opinion that the material which she brought so frequently to show us must be a desquamation from it. There was a ropy, tenacious and translucent fluid thrown off from the os externum, and there was epithelial abrasion of both anterior and posterior lips.

This case afforded me so much thought, and appeared to be such an isolated one, that I concluded to present it, with such remarks as I might be able to make from the limited experience which a single opportunity affords, for until within a week I was aware of but a single other case which had been reported. I was, therefore, left to my own resources and such knowledge of

the pathological condition as I could gain from the text-books, which treated of it only in a general way.

The subject is worthy of closer study and clinical observation. I believe the problem can only be solved by pathological examination.

Previous writers had mentioned, incidentally, the presence of these deposits, and variously estimated their significance, but I believe that Da Costa was the first to regard its claims as a special disease.

In volume 7, page 36, of the Proceedings of the Pathological Society of Philadelphia, there is a report of a case so similar to the one I have given, that I shall read it, surmising that most of you have forgotten it. It was presented by Dr. De F. Willard, June 28th, 1877.

In looking up the subject, I find that Da Costa, in the *American Journal of the Medical Sciences* for October, 1871, in an article of great length, treats the subject in his usual masterly way, and leaves but little more to be said in regard to it. He defines it as "a painful and obstinate affection of the intestines, in which membranes or skins are voided."

From the quantity of these membranes discharged, we should naturally infer that a large surface furnished them, and would most naturally look upon them as products of inflammation.

Da Costa says, *loc. cit.* "The disease under consideration affects the colon preëminently."

That the rectum in this case was involved, and was inflamed, was proved by digital examination. It revealed a catarrhal condition, with great tenderness and heat. Symptoms pointing to each division of the intestinal tract were shown.

Leube says, page 374, vol. vii, Ziemssen's Cyclopædia: "*Colitis*, which is the most common form of intestinal catarrh, manifests itself by colicky or more continuous localized pains, and diarrhœa, with discharge of mucus, pus, and perhaps, also, the above-described cylinders of mucus, which are probably formed in the large intestine. In *chronic* cases, in which the symptoms correspond, upon the whole, to those of chronic intestinal catarrh, as generally described, there is usually an alternation of constipation with the diarrhœa; besides which the patient suffers also from meteorism, flatulence, dyspnœa, in consequence of the impeded movements of the diaphragm; troublesome palpitation, derangements of nutrition, resulting from lack of absorptive power on the part of the intestines; uncomfortable feelings in the abdomen, nausea, eructations, and sometimes even vomiting. The vomiting is probably generally due to a coexisting gastritis, particularly in those cases in which the entire mucous membrane of the digestive tract is in a condition of passive hyperæmia and chronic inflammation resulting from obstructed circulation, as in emphysema, cirrhosis of the liver, etc.

"Finally, these patients suffer also from very marked depression of spirits, or from true *hypochondria*; but how far such symptoms are to be ascribed to a chronic poisoning of the central nervous system by the absorption of abnormal products of digestion, it is as yet impossible to decide."

Again, page 372, he says: "Inflammation of the mucous membrane of the duodenum can be diagnosticated only from the presence of *icterus catarrhalis*, all other causes of icterus having been excluded."

Again, page 374: "Inflammation limited to the small intestine may be suspected, however, if, in addition to symptoms of gastritis, colic, marked rumbling in the bowels, and a feeling of active propulsion of the ingesta are observed, without the occurrence of diarrhœa. When diarrhœa does occur as a result of extension of the peristalsis to the colon, or of an implication of this part in the inflammation, a catarrh of the small intestine may be diagnosticated, if the dejections contain large quantities of the ingredients and products of the secretions of the duodenum and small intestine, viz., unaltered bile, intestinal ferments, leucin and tyrosin, in distinctly appreciable quantities, a considerable amount of entirely undigested food, and, particularly, much undigested fat.

In the case before us we must locate the disease in the entire intestinal canal, or else admit that it is a constitutional affection. There have been no recent autopsies, so far as I know. Analysis shows the casts to consist of mucus, or of something identical with it. The plastic or fibrous element is not present. They have been carefully examined microscopically by DaCosta, in the cases mentioned by him, and found to consist of "a transparent amorphous basement substance, here and there indistinctly fibrillated, and having imbedded in it granules, free nuclei, and small, shriveled, irregular and rather granular cells." He has found no fibrous tissue.

In the microscopical examination of Dr. Willard's case, reported to the Pathological Society by the Committee on Morbid Growths, the specimens are "seen to consist of epithelial cells, which are considerably swollen and finely granular. The nuclei of the cells are somewhat

indistinct, due to the granular condition of their protoplasm. A few lymphoid corpuscles are to be seen. The committee would consider the specimen to be the product from a case of 'intestinal desquamative catarrh.'"

SUCCESSFUL CASE OF TRANSFUSIO SANGUINIS.

BY HENRY C. BOERMING, M.D.,

Interne in the Philadelphia Hospital; Member of the Pathological Society of Philadelphia.

The following successful case of transfusion occurred during the service of Dr. Bruen, in the wards of the Philadelphia Hospital:—

Bridget Gallagher, thirty-six years old, a widow, mother of two children, the youngest about nine years old, was admitted to the ward March 1st. The following history was obtained March 5th: She enjoyed singularly good health until four years ago, when, while menstruating, her work necessitated her remaining for about three hours in a spring house. That night her menses ceased and she was taken severely ill; pain in the back and head, high fever and weakness, seem to have been the prominent symptoms. In three weeks she had sufficiently recovered to resume work as a domestic, but she suffered continuous pain in the back, head, and right ovarian region. She has not menstruated from that time to this. Her distress grew greater day by day, until one morning, three months after the cessation of her menses, violent epistaxis occurred, and so long continued and so great was the hemorrhage that it became necessary to plug the nares. Her pains and aches were relieved for a short time, but after the lapse of two weeks again began to annoy her, and thus continued until last May, when copious epistaxis again occurred. The hemorrhage was controlled without much difficulty, and seemed to be decidedly beneficial; for several weeks she had enjoyed an immunity from pain, and her health and spirits were fair. During the past six months she has been troubled with flushes of heat to the head, headache, pains in the back and right side, lassitude, and occasional palpitation of the heart.

Sunday night, February 29th, she began to bleed from the nose, and in a little while the hemorrhage became so alarming that professional aid was sought. The bleeding, after some hours, stopped, but recommenced Monday morning, and seemed uncontrollable. Monday evening, March 1st, she was admitted to the hospital, arriving there in an almost exsanguine state. I found her excessively weak, pallid, with a very rapid and feeble pulse, but the hemorrhage had ceased several hours before. I ordered her head to remain low, cardiac stimulants to be given, and liquid nourishment every hour. No hemorrhage occurred during the night.

On Tuesday morning, March 2d, I was called to see the patient, who lay in syncope, pulseless, and suddenly vomited about a pint of grumous blood. Her mouth was opened and blood was discovered trickling down the pharynx from the posterior nares, which were at once plugged. Monsel's solution, diluted one-half, was thrown into the anterior nares, and hypodermic injections of ergot, whisky and digitalis given. She rallied apparently, for a short time, but successive faints, a pulseless wrist, scarcely audible heart sounds, induced me to resort to the transfusion of blood. The apparatus employed consists of a can, upon the edges of which is soldered an inverted cone. At the juncture of the can and the receiver just described, is an opening through which hot water is poured into the can; by its side is a thermometer the lower end of which is immersed in the water; the object of this is to register the heat of the water, which should be 108° F., experiment having demonstrated that blood surrounded by a liquid of this temperature retains a heat of 99° F. in an atmosphere of about 70° F. Another metal cone is necessary; this rests in the one first mentioned, and can be lifted out. The object of the *movable* cone is to receive the blood as it flows from the vein; it is the vessel in which the defibrinization is effected, by continuous beating with a clean broom or a metal brush. A strainer is indispensable; for this purpose a clean towel of coarse web has no superior. The movable cone is lifted out, the strainer is placed over the first cone, and the blood poured upon it; by this we remove any small particles which might interfere with the proper performance of the operation. A prominent vein at the bend of the elbow is selected and a canula, to which a piece of rubber tubing is attached, is passed into the lumen of the vessel. The appearance of a few drops of blood at the end of the tubing convinces us that the canula is safely within the vessel, and they also expel what air might be in the tube or canula. A graduated syringe holding about ten ounces is warmed and the prepared blood is then drawn up. All the air is now expelled from the syringe, the nozzle is inserted in the free end of the tubing, and the piston is gradually, gently pressed down.

I will now proceed with the further narrative

of the case. After all the apparatus was put in proper condition, I was bled, about ten ounces. The blood was defibrinized, strained and ready to inject. The median cephalic vein of the right arm was opened and a canula inserted. The blood was drawn into the syringe, which was adapted to the tubing. I injected six ounces of blood. After the first ounce had passed into the vein our patient was noticed to become extremely pale, the pupils became more widely dilated; this was but temporary, for as more blood entered her vessels the pupils grew smaller and her skin lost its clayey look. A faint pulse could now be detected at the wrist, very feeble and rapid, but in the course of fifteen minutes growing better in volume and beating 130 per minute. By this time the syncope had disappeared, but our patient was too weak to speak or move. Perfect rest was insisted upon; liquid nourishment was given every half-hour, and hypodermic injections of dialysed iron (fifteen minims) administered three times a day. Her temperature before the operation was 98°, and at night was 100°; the following morning it rose to 100⅘°, but during the day fell to the normal. The patient steadily improved; good food and iron were freely given. The sponges were removed after the lapse of thirty hours; their separation from the posterior nares caused no return of the bleeding. At the end of six days the patient was up and walking about. Several days later, erysipelas being prevalent in the wards, our patient was seized with facial erysipelas, from which she has, however, fully recovered. Though taking small doses of aloes, in hope of restoring normal menstruation, no effect greater than the production of a rather copious leucorrhœa has resulted. I cannot understand how the brilliant results of transfusion can be entirely due to the mechanical distention of depleted vessels. Is there not some stimulant force resident in healthy blood by which the blood-forming glands are spurred to increased action? Can it be that a few ounces of blood thrown into the vessels of an almost bloodless patient, by its mechanical effect alone, causes the speedy abeyance of anæmic conditions?

REMINISCENCES OF A VISIT TO EUROPE IN 1879.

BY LAURENCE TURNBULL, M.D.,

Of Philadelphia.

I arrived at Geneva October 8th, 1879, and was received by my friend Dr. A. Cordes, F.O.S., London, Professor of Obstetrics, of the Faculty of Geneva. The Doctor has accomplished a great deal of literary work, both in French, as contributions to the various Paris medical journals, also in English, in the British medical journals, and has translated the two volumes of the works of Professor Barnes, of London. He is an active member of the Obstetrical Society of London, and has contributed numerous papers on his favorite subject of diseases of women. Dr. Cordes is a Parisian by birth and education, and a dear lover of la belle France, but having married a lady of Geneva has remained here, and has a select private practice in his department.

On the 9th the Doctor drove me out to visit the various points of interest in this beautiful city, the first being the monument to the late Duke of Brunswick, which nobleman lived for many years in this city, and made a will in its favor, leaving some sixty million francs; subsequently he changed his mind, and came on a visit to the city of Geneva, with the full intention of altering the will, so as to leave it to the late son of Louis Napoleon; but strange to relate, before this change was accomplished he was attacked with apoplexy, with entire loss of speech and general paralysis, about six o'clock in the evening. Dr. Cordes was sent for, and did all that could be done for him, but he sank rapidly, and by ten o'clock he was dead. The city authorities have spent a large portion of the money on the beautiful monument which stands near the lake, also on a variety of both useful and ornamental buildings. Among the number is a new theatre, which was opened the week I was there; it is one of the handsomest and largest structures of the sort in Europe. In beauty and extent it ranks next to the opera houses of Paris and Vienna. The cost of this splendid temple of Thespis, including the value of the land on which it is built, exceeds five million francs.

There has also been built, as the fruits of the Duke's munificence, an admirably arranged medical college, with all the most recent improved ventilation and appliances. Also, for public use, chemical and philosophical laboratories, with watch and other factories, for the instruction of poor mechanics in the various useful employments. The following day I visited the academical buildings, so valuable for educational purposes, and examined the library and collection of interesting portraits and valuable ancient relics in glass, porcelain, gold and silver. There is a fine collection of ancient manuscripts, in the French, English, Latin, Greek and Oriental languages, with illustrated missals in bright

and beautiful colors. There were also some very old remains from the Lake of Geneva, and a boat (which is kept in water), which was found in 1877, supposed to be some three thousand years old.

After dinner we drove out to see a cousin of the Doctor's, who bought the beautiful place lately occupied by Count Chambord, where there are some most magnificent specimens of various trees and plants; but what to me was of the most interest were the great size and flourishing condition of the cedars of Lebanon, which were of unusual height and age, and full of the most beautiful fruit.

Leaving these interesting but non-medical matters, on Friday I was invited to witness an operation by a young, rising ophthalmologist, Dr. Hallenhoff, a pupil of the late Von Gräefe. This young eye surgeon has made, I am informed, quite a name for himself by his agreeable manners and successful operations. He operated upon a case of strabismus from weakness of the opposing muscle, correcting it by advancing the tendon and securing it by a suture, and the subsequent use of prisms. He also operated on an opaque cornea, by tattooing it, reducing it in size, and doing away with the deformity; he employed four needles set in a handle, and a solution of black sepia.

We then visited the new medical department, and I was introduced to the Professor of Anatomy, "Laskowskie," who took us all through his department, and exhibited some very fine moist preparations made by injecting the muscles, etc., with a combination of glycerine and carbolic acid, immersing the parts also in the following liquid, at a temperature of 170° Fahr., or 77° C. The injection for the corpse is glycerine at 28° C., 1000 parts; carbolic acid in crystals, 100 parts.

The second liquid, for muscles, is carbolic acid 50 parts, glycerine 1000 parts. These injected preparations remain soft and pliable, and of an almost natural color and appearance, not dried or shriveled up, as most of the preparations we so constantly see for class demonstration. These most admirable preparations received the first prize at the late Paris Exposition.

The Professor of Anatomy has also a new method of preparing bones, so as to remove all the oily matter without the use of ether, and some of the specimens of the bones of the head and face were beautiful and white; this he accomplishes by means of a black soap of caustic potash, in a solution of which they remain from three to five days, and are then exposed to the influence of the sun's rays.

In company with my friend, I visited the distinguished Professor of Experimental Physiology, Professor Schiff, formerly of Florence, now of Geneva, where he has one of the most complete arrangements for his numerous valuable experiments in his department. He is a small man, with a very bright eye and white hair, with pleasant, quite unaffected manners. He most kindly made an engagement with us to show us his many interesting investigations. On the morning appointed, when we reached the laboratory, we found him with his assistant, whom we were very glad to meet, Dr. B. F. Lautenback, formerly lecturer on physiology in the University of Pennsylvania. The professor took us first to see his out-door arrangements for taking care of his numerous rats, cats, dogs, frogs, etc. The animals were in a series of houses with wire fronts to them, and were as well cared for as any pets. We noticed a number of white kittens, which, he informed me, were all deaf. Some of these little creatures had been experimented upon, under ether, and were now as well as ever, frisking about the laboratory and crawling up and down upon the shoulders of the assistant. We then passed into his large and beautiful microscopical room, which has a fine exposure for light, etc., and the Professor exhibited a number of interesting experiments with polarized light, showing its wonderful power to determine, by the color, the diseased from the healthy tissue of the brain and spinal tissue. After spending a number of hours with him, we left, very much pleased with our visit.

Everywhere abroad, this season, I found hydropathic establishments flourishing and much in favor with, and visited, both for health and recreation by, the regular members of the medical profession, and recommended to their patients in cases of nervous prostration and diseases of the brain and nervous system of a chronic character. These establishments were under the superintendence of regular physicians in Ireland, Scotland, England, France, Germany and Austria. The first one which I inspected with care, in company with Dr. Alfred Carpenter, was at St. Anne's Hill, County Cork, and was under Dr. Sack, as medical superintendent. This sanitarium and hydropathic establishment was founded by the late Dr. Barter, in the year 1843, and is the oldest in Ireland. It is picturesquely situated on rising ground, and commands a beautiful view of the far-famed Groves and Castle of Blarney, and of the rich valley of the Shournagh, and is supplied by a never-failing spring of water, cele-

brated for its purity. The establishment is six miles from the city of Cork, and two miles from the railway station, from which we walked, the exercise giving us a good appetite for an admirably well cooked dinner, which we took with the Doctor.

The temperature of the locality, throughout the whole year is stated to be remarkably even, and the winters, owing to the proximity of the Gulf Stream, are very mild, rendering St. Anne's, at all seasons, a desirable residence for invalids.

The treatment, in brief, is by dripping and rubbing sheets at different temperatures; packs, compresses, still and running sitz-baths; rain, wave and other douches; ordinary hot and cold water baths and plunge baths. We went into the celebrated Turkish baths; they were luxuriously fitted up, and particular attention is paid to the adaptation of temperature to the varying conditions of disease, and to the individual susceptibilities of patients. We next went into the electric baths, which are found especially valuable from their adaptability to individual cases, such as by general and local baths, douches, etc., by which means the electric current is conveyed in a continuous stream to all parts of the person, producing a slight, rather tingling, sensation. An inhaling and vaporizing apparatus, for the treatment of throat and chest affections, is also employed. Dr. W. A. E. Sack is an M.D., L.M., with honors of the Royal University of Berlin, and for seven years was Resident Physician of the celebrated water-cure establishment of Marienburgh, at Boppard on the Rhine.

While at Geneva I visited and carefully examined the interesting baths at Divonne, in France, which are a few hours' ride from Geneva. I was accompanied by Dr. Cordes. This splendid establishment was first opened under the care of a regular physician, Dr. Edward Vidart, and was improved and extended from a single house to a beautiful and thriving village, entirely supported by this institution. Since Dr. Vidart's death his widow and her two sons have had charge of it. One of the sons is a physician and the other is the magistrate of the village. The situation of this hydropathic sanitarium is one of great natural beauty. In front you look upon a magnificent view of Mont Blanc, with its perpetual snow-capped surface reflected in the light, and as a background to a beautiful picture the dark Jura mountains, in all their grandeur. During our visit, in October, there were from eight to one hundred patients, and during the summer months the number is sometimes over four hundred. There is a rushing mountain stream in the very centre of the extensive grounds, plunging along from the mountain and as cold as ice. There are also several natural springs of mineral waters, of varying qualities, throughout the grounds. Water is employed in the various chronic nervous affections, with most useful results, and every variety of appliance is employed, and of every variety of temperature, and most careful rules are followed in its application, in accordance with the doctrines advocated in France by Lubanski, Fleury and others. In Germany, Switzerland, and in Austria, the subject of the proper use of hydro-therapeutics has received most careful and conscientious attention, and in many instances achieved good results, not only in cerebral hyperæmia, but even in epidemic cerebro-spinal meningitis. Various interesting and new apparatus were exhibited to us, by which water could perform sedation, stimulation, counter irritation, reduction of heat and increase of heat, with most useful practical results.

The clouded and disturbed minds of patients are diverted from themselves by amusements of every kind; there is a circulating library and reading room, rink and lawn tennis, bowling alley, shooting gallery, gymnasium and theatre, billiard rooms, with a most spacious ball room, and a fine band of music. There is a regular teacher of gymnastics, and every variety of exercise by mechanical means, for the development and healthy action of the muscles, tendons, etc., by means of massage, frictions, electric treatment, etc. We dined with the Doctor's family and a number of the patients, and found the table everything we could desire, with an abundance of fresh vegetables, and fruit, and native wines.

We noticed that patients came from every part of the world, and a number from the western part of the United States; most of these were under the direction of their physician, and their instructions are carried out with great care. Professor Rosenthal, of Vienna, has found hydro-therapeutics one of the most efficient methods in ATAXIA; the warm mineral waters are especially useful for the neuralgic pains and stiffness of muscles, and the unpleasant cold sensation experienced by the patients. Cold baths are also found valuable as tonic and invigorating agents. The stimulating action of the temperature upon the numerous sensitive nerves of the skin is transmitted to the brain and vaso-motor centres, and reinforces the reflex acts presiding over the circulation, respiration, and the functions of the whole abdominal viscera.

Medical Societies.

NORTHERN MEDICAL SOCIETY OF PHILADELPHIA.

Dr. Hess read a paper upon membranous enteritis (see page 356).

Dr. L. B. Hall had examined the specimens of membranes presented by Dr. Hess. He found them to consist of a large amount of mucus, together with large plates of epithelium, showing in places the outlets of the mucous follicles, and proving it to be a true desquamation of the mucous membrane of the intestinal track.

He had seen similar plates, though smaller in amount, thrown off from the bladder. The last case of the kind was that of a young lady, aged 24, suffering from great irritation of the spinal cord accompanied with frequent epileptic attacks (petit mal). The sediment in the urine was fully one-tenth its entire bulk, and consisted of epithelium, mostly in separated cells, but occasionally adherent, in plates identical in appearance with those from Dr. Hess' case. So far as this has a bearing upon the subject it would point to the nervous system as the common origin of the trouble.

The Doctor then related an amusing case of hysteria, in which the patient produced a membranous tube, saying it was passed from the bowel. The deception was so complete that one of our State Societies became involved in the wrangle over it. The microscope showed it to be a section of an ordinary sausage skin, prepared from the intestine of the pig.

Dr. E. E. Montgomery reported the case of a farmer from Ohio, who in May last had an attack of acute dysentery. During convalescence he "took cold" and had a relapse; the disease then assuming the chronic form, accompanied with "casts" of the bowels.

He came to Philadelphia for treatment in the late summer, the journey increasing the difficulty. The stools, as the Doctor then examined them, contained membranes in large flakes. He treated the case by first clearing the canal by a castor oil purge, then gave common resin in drachm doses four or five times daily. At the same time he used an enema of a pint of warm water containing half a drachm of nitrate of silver. At the end of a month the patient returned home well, having recovered his usual weight and strength. The trip brought back the dysentery temporarily, but he now reports himself entirely well, save a little dyspepsia; the least indiscretion in eating bringing back the diarrhœa.

Dr. C. F. Wittig said he had seen several cases of dysentery which were accompanied by "casts" of the bowels. He thought the "cast" to be an exudation, like that of diphtheria. In the first stage he usually gave sedatives, and when the excitement was over he gave tonics.

Dr. Hess asked if there was any special cause for the dysentery in Dr. Montgomery's case. In several of the cases of membranous enteritis reported podophyllin had been given, and regarded as an exciting cause. He had that day (March 12th) seen the case reported. The condition of the uterus was much better, and there was a corresponding improvement in the nervous symptoms. The membranes were, however, still passing. He looked upon the disease as constitutional, though not spinal. He called attention to the fact that no case had been reported cured.

Dr. Montgomery replied that there was no exciting cause in his case, beyond the ordinary one of exposure. He called attention to the cases of chronic diarrhœa reported cured by Dr. Reed, of Atlantic City, after the use of small doses of corrosive sublimate, $\frac{1}{100}$ of a grain every two hours. He recommended a trial of this in Dr. Hess' case.

Dr. Heilman introduced a patient illustrating the use of the audiphone.

He said this was the first case he had found much improved by the method, although he had examined a large number of deaf persons for that purpose. The patient had suffered from chronic catarrh of the middle ear, and had become so deaf that conversation was to him only a low murmuring sound. The audiphone enabled him to understand when directly in front of the speaker. A piece of thick paper he found fully equal to the patent vulcanite plate. The only instrument the patient carried was a block of wood, about twice the size of the little finger, which considerably improved his hearing when held firmly between the incisor teeth, though the improvement was less than with the large plate of paper.

Dr. Hess introduced a patient showing psoriasis, well marked, in a child ten years of age. No cause, either hereditary or exciting, could be elicited from his history. The child seemed otherwise healthy.

ACADEMY OF NATURAL SCIENCES.

In a lecture on "Histological Studies," delivered before the Biological and Microscopical Section of the Academy of Natural Sciences, of Philadelphia, on Monday evening, March 5th, 1880, Dr. Carl Seiler, the Director, spoke, first, of the leading tissues of the body, as classifiable under the following heads: Epithelial, Connective, Contractile or Muscular, and Nerve Tissues.

The epithelial he divided into epithelium and endothelium; the former lining surfaces connected with the atmosphere, as the mucous membranes, glands, etc., and the latter lining closed cavities, as the blood vessels, serous membranes, etc.

The serous tissues are the *binding* membranes of the body, such as bone, cartilage and fibrous tissues.

Muscular tissue is divided into striped or voluntary, and unstriped or involuntary; the heart being an exception to the rule, its fibres being striated, and, of course, its action involuntary, except to a certain extent in some people who can partially control their heart's action.

Nerve tissue is divided into ganglionic, or generator of nerve force, and fibrile, or conductor of nerve force.

In addition to the above, the blood may be considered as a fifth class of tissue, and is uniform in its characteristics.

These various tissues are formed of cells, and are best studied in the fœtus.

In fœtal structures, or in the white blood corpuscle, we find the cells as globular masses, filled with granules in an active state of motion. Heitsmann and Klein claim that each of these granules is inclosed in a mesh of fibres within the cell, but Dr. Seiler has never seen this, and does not think it has been demonstrated. The granules gradually collect in one part of the cell, forming the nucleus, and a portion of these again condense still further, forming the nucleolus. The globule or cell now narrows, and throws out one or more fibres or tails; if these fibrils are at opposite ends, it forms the bipolar or spindle cell; if they are numerous, it forms the stellate or connective tissue cell. In fibrous tissue the cell retains its spindle shape.

Each special class of cell reproduces only itself, even if transplanted among other classes of tissue.

The existence of a cell wall is disputed.

In further development, the nucleoli, nuclei, and cell itself, divide into twos, fours, eights, etc., though sometimes a little irregularly, into threes, fives, etc. In this division the cells occupy more space, and press upon each other, giving them various shapes, according to the direction of the pressure.

The ganglionic cell is stellate, and shows the nucleolus, which the areolar tissue cell usually does not.

Editorial Department.

Periscope.

Internal Administration of Carbolic Acid in the Treatment of Typhoid Fever.

Mr. Henry Weekes reports the following case in the *Lancet*, Feb. 28th, 1880:—

On January 24th I visited Ellen S., aged eighteen, living in a detached cottage in the country. She had taken to her bed two days before, having been previously ailing for a week. I found her in a very febrile condition, with highly flushed face, anxious expression, tongue furred, and bowels relaxed three or four times a day; very little headache. Pulse 108: temperature (11 A.M.) 102.5°; skin dry. With the usual instructions as to diet, etc., I prescribed acetate of liquor ammoniæ and compound tincture of camphor.

Jan. 25th.—No apparent change. She complained much of sleeplessness. Ordered compound ipecacuanha powder and mercury, with chalk, at bedtime.

26th.—Some sleep. Tongue browner; diarrhœa lessened; some spots on abdomen, but scarcely observable. Pulse 109; temperature (12 A.M.) 103°.

27th.—Much flushed; tongue more glazed; pulse 108; temperature 103.5°. I prescribed glycerite of carbolic acid, six minims, every four hours.

28th.—Face less flushed; tongue moister, but spots more distinctly colored; pulse 100; temperature 101°. Continued carbolic acid.

29th.—Patient cheerful after a good night; diarrhœa nearly ceased; tongue rapidly cleaning; spots less evident; pulse 89; temperature 99°.

From this day she made a rapid recovery, sat up on February 1st, and was down stairs on the 4th.

Now, the sudden subsidence of fever on the administration of carbolic acid may be merely a coincidence, and the same remark may be made regarding the supposed results of other medicines in solitary cases; but such remarkable coincidences are certainly suggestive of more extended experiments. Until disproved, it appears to me more probable than otherwise that one was the effect of the other. Our great authority, Sir W. Jenner, says (the *Lancet*, Nov. 15th, 1879): "I have never known a case of typhoid fever cut short by any remedial agent—that is, cured. The poison which produces any one of the acute specific diseases (to which order typhoid as much as smallpox belongs) having entered the system, all the stages of the disease must, as far as we know, be passed through before the recipient of the poison can be well." Yet I submit that this very disease (smallpox), here linked with typhoid fever, is undoubtedly modified and cut short in its course by introducing vaccine lymph into the system, even when vaccination has been performed so late as to run its course concurrently with smallpox. Why, then, should we remain content with thinking that typhoid fever must continue to the end unchecked?

Treatment in Malarial Fevers.

N. L. Guise, M.D., of Fayette, Miss., in a paper read before the Mississippi State Medical Society, at the twelfth annual session, submits the following conclusions:—

1. Quinine should be given regardless of the stage of the disease, remittent or intermittent fevers, and without preparation of the patient.

2. Given in the pyretic stage, in full doses (five to ten grains), temperature is rapidly reduced, perspiration quickly established, and the exacerbation materially shortened. Continued, then, in the stage of remission or intermission, in such doses and at such intervals as will insure its continued influence, if remittent, the remission is prolonged, and a second exacerbation prevented, or materially lessened in intensity and shortened; and if intermittent, a subsequent paroxysm prevented.

3. Morphia (¼ to ½ of a grain), given in the stage of pyrexia, relieves pain and uneasiness, establishes diaphoresis, and otherwise appears to act beneficially.

4. Blood-letting, purgation and mercury are contraindicated, as being antiphlogistic and spoliative. Used separately or combined they induce or aggravate prostration, and are liable to prevent, and, in fact, do protract, recovery, in all cases when freely employed.

5. In support of the treatment advised, I offer the diminished suffering of the patient, the speedy recovery (being almost invariably within forty-eight hours), and the rapid convalescence.

Viburnum Prunifolium in Threatened Abortion.

The following case is reported in the *Transactions* of the Medical Society of the State of Virginia for 1879, by Dr. H. M. Gamble:—

February 8th, of the present year, I was called to see Mrs. V., and found her suffering with regular uterine pains. Pregnancy advanced to seventh month, os uteri dilated to size of a quarter of a dollar, amniotic fluid escaping with each pain. The patient had been upset in a sleigh the day before, but suffered no particular inconvenience at the time. After waiting several hours and finding no progress was being made in the labor, but on the contrary, the interval between the pains growing wider, after administering an opiate, I left her with instructions to take a teaspoonful of the fluid ext. of viburnum prunifolium three times a day. I was informed by the husband afterward that she had decided pains repeatedly, with the usual symptoms of approaching labor, but that a dose of the medicine never failed to relieve her entirely. Certain it is that she went to full term, and I delivered her of a large, healthy female child, weighing about ten pounds, on the fourth of April.

Whether or not the remedy had anything to do with preventing miscarriage is impossible to say, and I only speak of the case in order that others may test its powers in that way. Its mode of action is entirely unknown, but as we have remedies which exert a decided power over the impregnated uterus, I see no reason why there may not be others whose action shall be inhibitory. At any rate, I think the subject deserves further investigation.

The Therapeutic Value of Nitro-Glycerine in Angina Pectoris.

In a leading article on "Recent Studies in Therapeutics," which appeared in the *British Medical Journal*, March 13 and 27, 1880, nitroglycerine is spoken of as a remedy of great value in the treatment of neuralgic affections, and it has been suggested that it should be tried in tetanus, hydrophobia, sea-sickness, chloroform poisoning, and many other morbid conditions. It is, however, as a remedy for angina pectoris that it will be found most useful. Dr. Murrell's cases show that, in the treatment of this terrible complaint, it is an agent of the greatest possible value, worthy to be ranked with nitrite of amyl. It is now in general use in most of our London hospitals, and in many cases it has effected a complete cure. A very striking account of the benefit derived from its employment has been published by Mr. Jameson, of Caistor, who suffered very severely from angina pectoris. At Dr. Murrell's suggestion, he began by taking two minims of the one-per-cent. solution every three or four hours during the day. He always found relief if he took the dose when he felt the first threatening of the attack, and the paroxysm was staved off. He continued taking the two-minim dose regularly every three or four hours for four days, and, as the attacks did not trouble him so much, he began to diminish the frequency of the dose, and took it only when he felt an attack threatening. He says: "I always carry an ounce-and-a-half bottle of the diluted solution in the breast pocket of my coat, the bottle carefully marked for six doses, each dose containing five minims of the one-per-cent. solution. If I feel an attack coming on I apply to my bottle, and at once feel that I am saved from a paroxysm. The action of the medicine seems to commence the moment it is swallowed, just as Dr. Murrell describes. It produces always a feeling of fullness in the head, singing in the ears, and a sensation of pulsation all over, especially in the head, severe at the root of the nose, as if epistaxis were threatened. I do not suffer from headache, and the congested feeling soon goes off. It is a great boon to have a remedy in which you can have perfect confidence that the attacks can be controlled. I have not had any severe attack of the disease since I got the solution and began to take the drug, six weeks ago."

Indications for Turning.

Dr. Inverardi, in *Annali di Ostetricia, Ginecologica, e Pediatria*, December, 1879, after describing a number of cases in which turning was performed, in the Maternity, at Turin, arrives at these conclusions. 1. The belief entertained by some that in shoulder presentations turning is always indicated, is erroneous. 2. Turning is indicated, given the favorable conditions, such as complete dilatation, the membranes intact or only recently ruptured, the uterus presenting occasional intervals of relaxation, the pelvis not so contracted as to offer an excessive resistance to the passage of the fœtal body, and especially of the head; and that the presentation is not fixed or wedged. 3. In cases of vertex or face presentation, wedging of the presenting part renders turning impossible. This is true, though in a less degree, in shoulder presentations. 4. When the uterus is contracted and insinuated round the fœtus, the obstetrician must act differently, according as the fœtus is dead or alive. If it be living, evolution may be favored by traction on the arm or other means which do not imperil the life of the fœtus; greater confidence being placed in pelvic evolution since it has been shown to be easier, more frequent, and less dangerous to the mother than is generally believed. If this fail, embryotomy and the crotchet must be resorted to. If the fœtus be dead, the sooner embryotomy is performed the better. 5. In dorso-posterior positions, in performing embryotomy, it is preferable to decapitate; in dorso-anterior positions, it is better to eviscerate and divide the vertebral column. 6. When delivery is impossible after the above measures, turning may be used as a last resource.

The Danger Attending the Use of Salicylic Acid in Acute Rheumatism.

T. J. MacLagan, M.D., writes to the *Lancet*, Feb. 28th, 1880, as follows:—

1. In acute rheumatism the heart is apt to be inflamed. Attention is usually concentrated on the membranes; but the muscular substance also suffers. When severe, myocarditis is apt to be fatal, and is frequently recognized in the post-mortem room. In a mild form it is, I believe, much more common than is usually supposed. It may exist independently of inflammation of the membranes. In all forms it produces softening and weakness of the muscular substance.

2. Salicylic acid, no matter whether given alone or in combination with soda, exercises a depressing action on the heart. This action is by no means general, and is probably due to some idiosyncrasy of the affected individuals.

3. If this depressing action be produced in one in whom the heart is physically sound, no great harm will be done. With the omission of the drug the depression will soon pass off.

4. But if it be produced in one who is already the subject of rheumatic myocarditis (an ailment which is not easily recognized during life), and in whom, therefore, there exists softening and enfeeblement of the ventricular walls (for the left ventricle is the chief seat of such inflammation), the depression is likely to be alarming, and may be fatal.

To form an adequate estimate of the nature and extent of the dangers attendant on the administration of salicylic acid in acute rheumatism, we must recognize, first, the tendency of the rheumatic poison to produce inflammatory softening and weakness of the muscles of the heart; and, secondly, the tendency of salicylic acid to depress that organ. It is in the combination of these two that lies the danger of the drug. It is in the absence of the tendency to produce such depression that lies the superiority of salicin over salicylic acid.

The Therapeutical Use of Iodoform.

Mr. J. B. James writes to the *Lancet*, March 13th, 1880—

I have used the above remedy for upward of four years, with an unvarying success, both applied in the form of ointment (one drachm to an ounce of lard), and of the powder dusted over the ulcer. The cases in which I have used iodoform have been mostly of a specific character, more especially old chronic varicose ulcers of the leg with a syphilitic taint. A healthy action has been produced in a marvelously rapid way. Cases which had resisted all forms of treatment for years have quickly got better, and ultimately healed over. In other cases I have given the powder internally, mixed with mucilage (one to two grains to the ounce). I also combine with the iodoform treatment other internal remedies suitable to the cases under treatment. The chief reason why I have brought iodoform under the notice of the profession is for the purpose of giving it a more extensive trial in all cases of sores, both specific and non-specific. The last case which I have at the present time under treatment is one of a large carbuncle on the back of the neck, two by three inches in superficies, in which the whole of the skin of the neck over that surface sloughed away, leaving the muscles exposed, with a clean-cut margin, where poultices and constitutional treatment were tried without any avail, the patient becoming weaker and weaker, from the continual drain on the system, and fetid smells; but as soon as I treated the case with the iodoform ointment the ulcer took on a healthy action, the discharge and fetor ceased, and it is now healing rapidly. Of course, I gave, internally, ammonia and bark—half a drachm of the former with an ounce of the latter. Other cases have been equally successful.

Injections of Ergotine in Prolapsus of Rectum and Hemorrhoids.

The *Gazette Hebdomadaire*, January 2d, 1880, informs us that at the meeting of the Therapeutical Society in December (*Gaz. Hebd.*, January 2), Dr. Ferrand related the case of a lady, thirty-five years of age, who during three years had suffered from rectal and hemorrhoidal prolapsus, to the extent that she could not walk about a room without a tumor almost as large as a fist descending, inducing most acute suffering. The tumor could be reduced while lying in bed, by means of a prolonged and very painful taxis, which had to be repeated after every stool. Having tried all the usual remedies in vain, Dr. Ferrand performed a subcutaneous injection of ergotin, depositing 1 gram, 20 centigrams of a solution composed of glycerin and water āā 15, and alkaline hydrated extract of ergot 2 parts, in the ischio-rectal fossa beside the hemorrhoidal projection. Considerable amelioration resulted, and three other injections were practiced at intervals of twenty days, ten days, and a month, with the result of effecting a cure. The patient was seen six months afterward, and it was found that the prolapsus was not reproduced in walking, going up many flights of stairs, etc. Dr. Vidal related a case in which a complete cure of hemorrhoidal prolapse which had resisted all treatment was effected by means of twenty-two injections of Bonjean's ergotine (one part to five of distilled water), in quantities gradually increased from fifteen to twenty-two drops. In two other cases which he has since treated, five and six injections sufficed. Dr. Vidal latterly has preferred, however, Yvon's solution of ergot to Bonjean's ergotine, as causing less pain.

Salicylate of Soda in Gout.

The *Practitioner* for February informs us that M. Bouloumié has communicated to the Medical Society of Paris the results of his investigations upon the action of salicylate of soda during an attack of gout. The author has administered the salicylate to some of his own patients, and he has inquired of a large number who came to Vittel for treatment, whether or not they had been subjected to this method. His own patients had only been slightly benefited by the drug, and of thirty-nine patients whose cases he directed at the mineral springs, only six had taken salicylate

of soda, though they did not appear to be much relieved thereby. While he recognizes, therefore, that salicylate of soda acts by assuaging the pain, M. Bouloumié would restrict its administration in chronic gout. He points out the inconveniences and even the dangers which may arise from its use, especially if the heart or kidneys be affected, while the results are but slight, except in very favorable or in subacute cases. He believes that the drug is an active remedy, which should be kept in the therapeutic arsenal to combat gout, though its action in this disease is not so marked as in rheumatism.

Reviews and Book Notices.

BOOK NOTICES.

A Practical Handbook of Medical Chemistry, applied to Clinical Research and the Detection of Poisons. Partly based on "Bowman's Medical Chemistry." By William H. Greene, M.D., Demonstrator of Chemistry in the Medical Department of the University of Pennsylvania, etc. Philadelphia, Henry C. Lea's Son & Co., 1880. Cloth, 12mo, pp. 310.

This work is divided into three parts, and opens with a brief introduction, in which the subject of chemical manipulation is presented. In Part I the author gives a description of the organic proximate principles which take part in normal and pathological vital action, and the properties by which they may be separated from their associate compounds and identified. In Part II the composition of the more important liquids and solids of the body is considered, together with the processes by which they may be analyzed. Part III treats of the more ordinary poisons and the various methods by which they may be detected. The book also contains several illustrations of the crystalline forms of organic bodies, and of some of the apparatus used in chemical analysis. It is well written, and gives the latest views on vital chemistry, a subject with which most physicians are not sufficiently familiar. To those who may wish to improve their knowledge in that direction we can heartily recommend this work as being worthy of a careful perusal.

A Textbook of Physiology. By M. Foster, M.A., M.D., F.R.S., Prælector in Physiology and Fellow of Trinity College, Cambridge. From the third and revised English edition, with notes and additions by Edward T. Reichert, M.D., Demonstrator of Experimental Therapeutics, University of Pennsylvania. With 259 illustrations. Philadelphia, Henry C. Lea's Son & Co., 1880. Cloth, 8vo, pp. 1080.

The great popularity of "Foster's Textbook of Physiology," both in England and in this country, renders it unnecessary to say anything further regarding its merit. We shall, therefore, simply point out that in the American edition numerous and important additions have been made to the text of the third English edition, which we reviewed in our last volume, page 520. These additions, which amount to about one hundred and forty pages of the present edition, comprise sections on the physiological anatomy of the various organs under consideration, together with notes on the physiological action of some of the more important drugs, whereby the usefulness of the work as a textbook for students has been vastly increased. One hundred and eighty-seven new illustrations have also been added, making the whole number two hundred and fifty-nine, or nearly four times as many as in the English edition. The general appearance of the book is good, and does credit to the publishers, and we predict for it a rapid sale.

The Students' Manual of Venereal Diseases, being the University lectures delivered at Charity Hospital, B. I., during the winter session of 1879–'80. By F. R. Sturgis, M.D., Clinical Lecturer on Venereal Diseases in the Medical Department of the University of the City of New York, etc. New York, G. P. Putnam's Sons, 182 Fifth avenue, 1880. Cloth, 12mo, pp. 196. Price $1.25.

This little manual contains the *essentials* of venereal medicine, systematically arranged in twelve lectures. Being intended as a textbook for students, all mooted points are left out, and the author confines himself to giving a brief description of the commoner forms of venereal diseases, together with the most appropriate remedies. He first describes the simple venereal ulcer or chancroid, and its treatment; then he takes up syphilis in all its forms and stages; and finally concludes the subject with three lectures on gonorrhœa and its complications. As a rule, the author thinks it best not to treat the initial lesion of syphilis by the internal use of mercury, but to await the development of secondary symptoms. In connection with treatment of the various affections considered in this work, such formulæ are given as the author has found most useful. From its conciseness and clear style, we believe that this book will be found highly useful to students and young practitioners. It is printed on good solid paper, in clear type, and neatly bound, and is of a convenient size for a pocket companion.

THE

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D. G. BRINTON, M.D., EDITOR.

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THE PRIMAL FORCES OF ORGANIC LIFE.

Viewed from the standpoint of general biology, the two fields of physiology and pathology are but varying representations of the same processes; they are manifestations of the same forces; they are but diverse aspects of the same activity. This fact is not always remembered by physicians, although to overlook it renders them liable to fall into many errors of theory, and into some of practice.

What is this activity? What are these forces which are the common basis of the phenomena of health and disease? The answer is definite. The forces of all living animals are supplied solely and wholly by the retrograde metamorphosis of protoplasm, by its resolution into the elements of which it is composed, by the analysis constantly going on in the laboratory of the animal economy, of C H O N into CO_2, H O, etc. To this chemical change are due motion, heat, mental force, growth force, etc. In some animals light and electricity are products of the chemical change; in many heat is not a product, as in fishes and other cold-blooded animals.

One of those forces is the growth force. It is common at certain times to all animals. Professor COPE calls it the *bathmic* force, or *bathmism*. He believes that it is transmitted from one generation to another by the passage of one or more living plastidules. He compares the phenomenon of reproduction to that of the phenomenon of combustion, which is a force-conversion transmitted from substance to substance by contact. In this respect it differs much from the other forces which are present in the organism.

Undoubtedly, to the biologist, as is well remarked by Dr. FOSTER ("Physiology," p. 642), the function of reproduction is the main phenomenon of existence, overshadowing and dwarfing all others. "Life is a cycle, beginning in an ovum and coming around to an ovum again." The greater part of the actions which, looking, from a near point of view, at the higher animals alone, we are apt to consider as eminently the purposes for which animals come into existence, when viewed from the distant outlook whence the whole living world is surveyed, fade away into the likeness of the mere by-play of ovum-bearing organisms."

It is to be noted, however, that this force is characteristic only of certain units of organization of living beings. All do not possess it, although the hypothesis of "pangenesis" offered by DARWIN assumed that such was the case. The most competent students do not now accept this hypothesis. That advocated by Hæckel, under the name "perigenesis," is now more current.

While these various forces we have named are in a general sense correlated and convertible, their energy in the animal mechanism is directed to distinct and separate ends. They should not be confounded. The growth force, as the universal force, has its activity employed in adapting the organism to its environment; it may be insufficient or in excess; it may be misdirected or employed in vain. This means deformity or disease, the formation of rudimental or needless structures, or the effort at repair or adaptation, where neither is successful.

There is a close alliance, yet a wide distinction, between growth force and reproductive force; between life power and life transmitting power. With a parallelism of action up to a certain point, the former is far more constant, individual and permanent. They are, however, at times confounded. A recent writer, Dr. A. L. CHAPMAN, in the St. Louis *Clinical Record*, argues that the reproductive force is identical with that which leads to diseased conditions. He formulates his theory in the following theorems:—

1. That living matter, under certain conditions, furnishes the impulse to every pathological process, and is the sole cause and reason of these processes.

2. That every pathological process is prototyped in the physiological process of reproduction, and that these processes are fundamentally one.

The first of these may be conceded, although its phraseology would be more accurate had it began: "That the forces developed in living organisms," etc. The second theorem, on the other hand, cannot be accepted, for the reasons above given. In a certain sense, its opposite would be more correct; at any rate, even allowing that pathological processes are in fact nothing else than efforts at repair, yet *regeneration* and *reproduction* are two wholly different organic processes, and must not be confounded. It appears to us that pathology belongs strictly to the individual, and has nothing to do with reproduction, which primarily concerns the species. Such studies, are, however, always praiseworthy, as it is through thoughtful meditation on the significance of phenomena and their relations, that we may expect to obtain that knowledge which will yield us the mastery over them.

NOTES AND COMMENTS.

Therapeutical Notes.

SALICYLATED CAMPHOR AS A TOPICAL APPLICATION TO CHRONIC ULCERS.

Dr. Henrot recommends, in the *Union Med. du Sud-Est*, the following, as a topical application, of a stimulating or slightly caustic nature, to phagedenic, atonic and syphilitic ulcers, indurated chancres and ulcerations of the neck of the womb: salicylic acid and powdered camphor, of each ten grams; mix and add ten drops of alcohol; this is to be incorporated with ten to twenty grams of vaseline, with sufficient paraffin to give to the mass the consistence of the wax used for suppositories.

COPAIBA IN THE TREATMENT OF LEPROSY.

Dr. D. B. Simmons, of Ken Hospital, Yokohama, says, in a communication to the *Medical Record*, that he finds the most effective remedy in the treatment of this disease, so common in Japan, to be copaiba, administered internally and by inunction. In the anæsthetic form, especially, does he regard it as a remedial agent of great potency.

Disturbances of Vision Produced by Poisoning from Unsound Meat.

We learn from the Edinburgh *Medical Journal*, for April, 1880, that Prof. H. Cohn, of Breslau, has observed two instances of poisoning, distinctly referable to the eating of game pie and pike which had been kept too long. The symptoms in both cases were severe gastric irritation, with vomiting and faintness, inability to swallow, and paresis of accommodation. In the first case a landlady had attempted to preserve the remains of a hare pie, of which a number of her customers had partaken with impunity. On tasting a small portion of this, some time afterward, she was seized within an hour with the most violent vomiting and other symptoms of poisoning. The next morning she was unable to read, although she had been able to do so the day before. She was first seen by Cohn nine days afterward, when the accommodation was found to be almost completely abolished. She recovered after a month. In the second case three members of a household, numbering six in all, were poisoned, three escaping, although it was ascertained that the symptoms came on after eating pike, and could be due to nothing else. All had, however, partaken of the same dish. On careful questioning it was found that the dish contained two fish, each of which was cut into three pieces, and it was conclusively shown that only those who had eaten the one (which was not perfectly fresh) were affected. In one the paresis of accommodation was the only symptom; the other two had severe gastric irritation besides. In one only the accommodation had not returned when last seen, six weeks after the occurrence. Although a number of instances of fish poisoning are on record, it does not appear that this curious local paralysis has been noted, though from remarks

made in some instances, it appears probable that something similar existed. The other symptoms have always been the same. Cohn is inclined to ascribe it to some particular form of decomposition.

Precautions to be Observed in the Administration of Ergot in Labor.

Dr. Glynn Whittle, in the Dublin *Journal of Medical Science*, February, 1880, discusses the importance of caution in giving ergot in cases in which labor is not sufficiently far advanced, and the necessity of avoiding too large doses of the drug, especially in young subjects, who are easily affected by it. "Fifteen to thirty minims are practically useless, but two drachms is the maximum for a single dose, though this may be repeated in exceptional circumstances." He further formulates the following rule: "Never administer ergot until the labor is so far advanced that it could, if necessary, be finished with the forceps. Should tonic contractions follow, threatening the child's life, but not terminating the labor, recourse may be had to the forceps."

Dr. Whittle also describes another danger connected with the giving of ergot before the birth of the child; when the placenta is morbidly adherent, great difficulty may be experienced in removing it, on account of the firm contraction of the uterus. He mentions a case in which he had this complication to contend with. After the child had been born the uterus contracted firmly, the os gripping the cord like a vice; this lasted for an hour, at the end of which time the index finger could, with some pressure, be passed into the uterus, and gradually the other fingers and thumb were introduced, but so great was the muscular contraction that this had to be done with extreme caution, for fear of rupturing the uterus. The writer says, "Some idea of the difficulty may be conceived when I explain that, during the whole time I was trying to get the placenta detached the os uteri was contracted round my wrist like an Esmarch's elastic cord."

Suicides in Denmark.

The *Medical Times and Gazette* informs us that, according to official documents recently issued in Copenhagen, the number of suicides in Denmark, for the ten years 1869-78, amounts to 4770, viz., 3709 males and 1061 females. Of these, 58 individuals were less than fifteen years of age; 208 between fifteen and twenty; 549 between twenty and thirty; 617 between thirty and forty; 1153 between fifty and sixty; 818 between sixty and seventy; and 405 above seventy. As to the mode of death, 3714 persons hanged themselves, 754 drowned themselves, 154 employed firearms, and 80 poignards; only 48 (25 being women) took poison. The mode of death in 20 instances is not specified. The number of suicides increases from December until May, and rapidly diminishes during summer and autumn.

Benzoate of Sodium in Gonorrhœal Ophthalmia.

It is said, in the *Lyon Médicale*, March 7, 1880, that Dr. Dor, who, for the last two years, has used the benzoate of sodium with great success in the purulent ophthalmia of infants, has recently had the opportunity of treating a well-marked case of gonorrhœal ophthalmia, recovery taking place in a few days, without any opacity being left. He kept iced compresses constantly to the eye. The benzoate of sodium was employed in a 20 per cent. solution, and tannin in a 10 per cent. solution, ten drops being instilled every three minutes. All secretion which issued from the eye was removed by means of a wash consisting of a 100 per cent. solution of the benzoate.

Hwang-nao or Hoang-nan.

The *Canadian Pharmaceutical Journal*, for February, 1880, informs us that a new remedy for leprosy and rabies, known in Cochin China as *Hwang-nao*, or according to others, *Hoang-nan*, is attracting some attention in Europe, and is likely to come into use. The English consul in the former country has been directed to send home a quantity of the drug, which is in the form of bark, derived probably from a new species of strychnos, which Mr. L. Pierre, director of the botanic garden at Saigon, has named *S. gautheriana*, in honor of the Roman Catholic missionary who brought the drug into notice. The remedy has been tried for some four or five years in Trinidad, where it has proved of decided value.

Apomorphia in Hysteria.

Mr. James Allen, of New Wandsworth, says, in a communication to the *British Medical Journal*, March 27, 1880, that in September, 1877, while House Surgeon at the Liverpool Northern Hospital, he was called to a woman, aged twenty-four, who had been carried into the out-patient room in a state of hysterical coma. She had been in a somewhat similar state for several days. After the use of other means without

effect, he injected one-tenth of a grain of apomorphia subcutaneously; the patient, in a few minutes, sat up, and was able to walk home with her friends.

The Value of Prolonged Artificial Respiration.

The *Medical Press and Circular*, March 31, 1880, informs us that in a recent communication to the French Academy, Professor Fort raises again the question of premature interments. One fact he mentions is, that he was enabled to restore to life a child three years old, by practicing artificial respiration on it four hours, commencing three hours and a half after apparent death. Another case was communicated to him by Dr. Fournol, of Billancourt, who, in July, 1878, reanimated a nearly drowned person after four hours of artificial respiration. This person had been in the water ten minutes, and the doctor arrived one hour after asphyxia. Professor Fort insists also on the utility of artificial respiration in cases of poisoning, in order to eliminate the poisons from the lungs and glands. The length of time it is desirable to practice artificial respiration in any case of apparent death from asphyxia, Professor Fort has not yet determined, but his general conclusion is that it should be maintained perseveringly for several hours.

An Improved Nitrate of Silver Caustic.

A writer in the *Medical Times and Gazette*, April 3d, 1880, Dr. Sawostizki, has called the attention of the Moscow Surgical Society to an improvement in the preparation of sticks of nitrate of silver. It consists in melting together five parts of nitrate of silver with one part of nitrate of lead, forming an argentum plumbo-nitricum. Sticks formed of this are preferable to those of the ordinary nitrate, as they are not easily broken, and can be pointed, just like a lead pencil.

Treatment of Hydrocele by Injection of Perchloride of Iron.

The *Bull. Générale de Thérap.*, February 29th, 1880, informs us that at a recent meeting of the Paris Académie de Médecine, M. de l'Aulnoit read a paper on the above subject, based on the successful treatment of fourteen cases. Having noticed that albuminous fluids coagulate with great rapidity on the addition of perchloride of iron, he was led to use this agent in the treatment of hydrocele, in the expectation that the fibrinous coagulum so produced would bind together the walls of the sac, and so completely obliterate the cavity. He directs that the hydrocele should first be completely emptied, and that about an ounce of the fluid should then be returned; this is followed by a gram and a half of distilled water, in which are diffused two drops of solution of perchloride of iron. Coagulation at once takes place, there is scarcely any pain, the reaction is slight, and the cure is usually so far advanced by the sixth day that the patient may then be permitted to walk for several hours.

Leprosy in India.

The *British Medical Journal*, April 3, 1880, mentions that a new series of reports on leprosy have been published by the Indian Government, some of which contain statements of considerable interest. Dr. Fitzgerald, of Sháhjahánur, records three cases of leprosy in Europeans resident in India which have come to his knowledge; one the case of a lad, son of a warrant officer at Agra; the second, the case of a lady; the third, the case of a colonel in the Indian Service. In 855 cases the histories expressly state that in 831 the disease was not communicated to the healthy husband or wife; and that in 24 cases both husband and wife were lepers, or became lepers. In a summary of thirty-one reports Dr. Beatson states that "fish, whether fresh or salted, or putrid, has evidently no influence (*in the production of the disease*); for it is nowhere shown (*in the reports*) that the leprous are consumers of these articles, and the non-leprous not so. There is, indeed, some evidence to the opposite effect."

The Modern Views of Phthisis.

We have arranged to publish during the summer a series of lectures on pulmonary phthisis, by Prof. Wm. Pepper, of the Medical Department of the University of Pennsylvania. They will be designed to present in a clear and direct manner the latest results of investigation into the nature and treatment of this most fatal and frequent disease. Our readers may depend upon finding them of the utmost utility in the study of this *opprobrium medicorum*.

Correspondence.

The Insulation of Patients Afflicted with Acute Rheumatism.

Ed. Med. and Surg. Reporter:—

Permit me, through your columns, to call the attention of medical men to a matter that is not new—for I believe I first noticed it in your journal some fifteen or eighteen years ago—but that

does not, in my judgment, receive due attention. I mean the matter of insulating patients afflicted with acute rheumatism.

I should like to have practitioners test the matter. I have, on several occasions within a few years, given it a trial, and while I have not been able positively to attribute to it results that seemed justly attributable to it, yet I have almost been led into the realms of superstition, or, it may be, the realms of scientific reality. Other physicians tell me that they have tried it, with seemingly good results.

It has been brought to my notice to-day, in such a manner as to persuade me to call particular attention to it. I have a patient who has been on his back for over four weeks with a severe attack of the disease in question.

A few days ago, when the wind veered suddenly from the south to the north, bringing with it cold and threatening weather, he was taken suddenly worse, after having been improving for a week, and the disease attacked the heart in the form of pericarditis, attended soon with a fair amount of effusion. Yesterday afternoon I was sent for in haste, as the man was thought to be dying, and taking with me the consulting physician who had seen the case with me several times previously, we set to work to think of something that we had not already tried. We concluded that we would insulate the bedstead. After some trouble we succeeded in getting some glass plates, which we put under the posts. This morning we found the patient better. This, of itself, is not so important, or even strange; but during the forenoon the good wife sat down on the side of the bed, as was her custom, and one of the plates broke. They had difficulty in finding another, and considerable time elapsed before they succeeded. The patient soon changed from comparative ease and quiet sleep to wakefulness, great restlessness and severe pains in many parts. Very soon after the plate was replaced the pains ceased and the patient became calm and easy and passed into a sweet sleep.

When I visited him at two P.M. the good wife told me of this, and thought it so strange. The patient corroborated all of her statements, and said it was not fiction, but strange reality. Was this all accidental, or was it due to insulation? I am not dogmatical, nor am I superstitious, but I do think this matter worthy of further investigation. I hope physicians will give it a full and fair trial.

J. B. Morrison, M.D.

Maryville, Mo., April 9th, 1880.

P. S.—Patient better at eight A.M., 10th.

A Case of Perimetritis, with a Suddenly Fatal Termination.

Ed. Med. and Surg. Reporter:—

In October, 1879, I was called to see Mrs. H., when she gave me the following account of her illness. Lately she had been very irregular in her monthly sickness, and had missed being unwell for about three months, when she was taken with very profuse flooding, and also passed several large lumps, causing her to have some pains at the time. All this passed off without serious trouble, but after the lapse of several days she began to feel a fullness in the pelvis, as if the bowels required to be moved. The midwife in attendance gave her, first, a large dose of castor oil, and, after some hours, this having failed to operate, she administered a dose of senna, and on the failure of the senna, a large dose of salts was given—all these in one day. She was purged, but the pain and bearing down were worse than ever.

Thinking that a good deal of her trouble was caused by the cathartic medication, I directed starch and laudanum injections to be given every three hours, till the pain would be relieved. Not being the family physician, and believing that I was only called on in an emergency, I thought nothing further of the case. But two or three days after that I was sent for again. She then informed me that her trouble still continued, and also that she had had a previous attack of inflammation of the womb. I then made a careful examination and found the pelvis apparently filled with a tumid swelling, particularly at the back and left side; the uterus was pushed forward and to the right, and the parts were hot and sensitive; there was no tenderness or distention of the abdomen, but a slight irritability of the stomach; the skin was moist, and there was scarcely any fever.

The anodyne was ordered to be continued, in case of pain, and a prescription was given to relieve the irritability of the stomach. Early next morning I was sent for, as the patient was not able to pass her water. I answered the call and found her restless and suffering from distention of the bladder. I introduced a catheter and drew off the water, and she expressed herself as entirely relieved from pain and feeling comfortable. This was my third and last visit. I afterward learned that during the day she was suddenly taken ill, and that her own physician, a relative, and another, were called in consultation. They found her in a condition of collapse, with general peritonitis, and death took place a few hours afterward.

I can only account for the sudden change that proved fatal by supposing a rupture of the abscess into the peritoneal cavity. I would liked to have had an opportunity to verify this by a post-mortem examination, but that was not allowable under the circumstances.

Wm. C. Todd, M.D.

Roxborough, Pa., April 9th, 1880.

Anæsthetic Inhalation in Parturition.

Ed. Med. and Surg. Reporter:—

Since my article on "Anæsthesia in Labor" appeared in your journal I have received numerous letters expressive of gratitude, both from the profession and others, and also several inquiries as to the best mode of administration. While an inhaler may be extemporized from a napkin or anything else that may be at hand, I have found the following apparatus, devised by myself, to be the most convenient. The apparatus, in its foundation, consists of a hollow tube and a wire framework, forming a hollow cone, similar to the shape of the napkin and paper cone referred to, which opens and closes

like an inverted umbrella. It is really a cone within a cone, the apices connected by the tube, the smaller some six inches below the larger, the circumference of each base uniting. The larger cone, or outer, is covered with gum cloth; the smaller, or inner, consists of Canton flannel, furred side out, forming a hollow base to the larger, and between the two cones is an air chamber. The hollow tube, as it passes through to this chamber, is perforated, and above the outer cone it spreads out in the form of a funnel. Now, into this funnel is poured the anæsthetic; through the small perforations it is sprinkled upon the Canton flannel, and is evaporated into the air chamber above, or between the cones, perfectly saturating the air; and when the united base of the two cones, about six inches long and four wide, is placed so as to cover the patient's nose and mouth, we see, first, all inspiration must be through the tube, and all expiration must be through the same, except that which may be passed beside the chinks, to draw through being more easy than to blow through against the wooled side of the Canton flannel. Hence, while inhalation is entirely through the tube and saturated air chamber. the air brought into the lungs must necessarily be saturated with the anæsthetic; yet the air returned from the lungs may be passed out without blowing the anæsthetic into the room. We have no loss of anæsthetic; thus it is economical.

Second. The Canton flannel cone, or base, as it may be termed, of the larger cone, may be removed at pleasure, in a moment, and another substituted, without the least inconvenience, if soiled, while the fact of its being in the form of a cone and entirely elevated from the nose lessens the probability of its being soiled. Thus it is cleanly, while it offers the additional advantage, in being elevated, of holding the liquid mixture sprinkled upon it far away from the face, even while perfectly excluding the outside air, sparing the patient the burning of the face so often seen.

Third. The funnel-shaped end of the tube projecting above the outer cone serves as a handle, or the instrument may be held by the wires of its framework by the obstetric patient, inhaling at her pleasure, as I usually allow. It is light, weighing only about from three to five ounces when ready for inhaling. It is small, less than twelve inches long, and when closed is as a child's closed parasol of that length, without a handle, and may be placed in the coat pocket. Thus it is convenient. This instrument is made and for sale by Mr. Kolbe, of this city, 1205 Arch street, at very moderate cost. Hoping I have fully answered all queries, I am truly yours,

Philadelphia. D. M. Barr, M.D.

News and Miscellany.

The Smallpox Scare in Chicago at an End.

All uneasiness at Chicago respecting the spread of smallpox is at an end. The Health Department reports that all the old cases have been isolated and no new ones are reported. The smallpox scare has caused a great rush of the timid, for vaccination, in the last few days.

The Yellow Fever at Rio.

The *British Medical Journal*, April 3, informs us that, according to recent advices from Buenos Ayres the yellow fever has greatly increased at Rio, and that there is a rumor of a fatal case at Montevideo. There is also great dissatisfaction with the quarantine arrangements, the lighter used for quarantine purposes being so small that an outbreak of disease is feared when it is, as is frequently the case, overcrowded with ships' passengers.

San Lazaro—The Leper Asylum at Havana, Cuba.

A correspondent to one of our daily papers who has visited this institution, says that San Lazaro is located just where, in a more modern city, we might look for a big and prosperous hotel. It looks out across a few low houses, upon the fair prospect of the harbor's mouth, and the sea sends its unfettered waves straight in from the northward, dashing up the spray almost to its walls. The place was founded by a philanthropic Spaniard, within a trifle of two hundred years ago, and was restored in 1878. A liberal bequest of neighboring property has always afforded an ample revenue for its support, but within a short time the government has converted a portion of its property, and, as one of the officials of the institution remarked, matters were "not so good."

Remarkable Fecundity.

A woman in the vicinity of Elberfeld has recently given birth to five children who are all doing well. This event, remarks the *Journal des Sciences Medicales de Louvain*, is nothing compared to that recorded by Cyramage, in his *Antiquités*, of a woman who, in 1217. in one accouchement, gave birth to seven children, of whom six lived.

Personal.

—Dr. W. E. Bland, who was shot in an election riot at Edgefield, S. C., is dead.

—Ex-Governor Edward D. Morgan has presented $25,000 to the Eye and Ear Infirmary of New York city.

—M. Labbé has been elected a member of the Academy of Medicine in Paris, in the Section of Surgical Pathology.

—Dr. Henry C. Chapman has been elected Professor of the Institutes of Medicine and Medical Jurisprudence in Jefferson Medical College, to fill the vacancy caused by the death of Dr. J. Aitken Meigs. This appointment will be learned with pleasure by all friends of the College.

—We notice that Prof. W. S. Haines has, owing to press of other duties, been obliged to withdraw from the editorial staff of the Chicago *Medical Gazette*, and that Dr. Harvey W. Wiley, Professor of Chemistry in the Indiana State University, has been appointed in his place.

OBITUARY NOTICES.

—Dr. Samuel Lilly, of Lambertville, N. J., died on April 3d, from injuries received by being thrown from his horse some three weeks prior to his death. Dr. Lilly was born October 28th, 1815, at Geneva, Ontario county, N. Y. He received his early education in Lambertville, studying with his uncle, Dr. Lilly, who was a prominent public man of his day, and was graduated at the Medical Department of the University of Pennsylvania, March 31st, 1837. He was a member of the New Jersey Medical Society, of which he has been President, and of the District Medical Society of Hunterdon County. He contributed many reports of interesting cases to the medical journals. He was a member of Congress from 1853 to 1855. He was also a judge of the Hunterdon County Court, Consul General to British India, and Commissioner of the New Jersey Lunatic Asylum. He held many offices in the State militia, the last of which was Brigadier General. He married in October, 1839, and again February 12th, 1860, both wives being now dead. At the time of his death Dr. Lilly was one of the Judges of the Court of Appeals.

—On April the 5th, Dr. C. H. H. Sayre, of New York, fell a distance of twenty feet, and was picked up insensible and carried to his residence, where he was attended by his father, Dr. Lewis A. Sayre, and several other physicians. It was found that he had sustained severe injuries from his fall, and that there was a compound, comminuted fracture of the left femur, necessitating the removal of large portions of the bone. Although every care and attention has been given him, he has since died. Dr. Sayre was thirty years old and well-known in society. Deceased was born in 1850, and graduated at Bellevue Medical College in 1879, and was appointed there as clinical assistant of orthopædic surgery. He afterward received the post of outdoor surgeon of the Poor Department of Bellevue. During the summer of 1879 he visited Europe with his father, where he assisted him in his brilliant demonstrations at Cork, Paris, and above all, in Amsterdam, where he, in conjunction with his father, elicited the admiration of the immense audiences of medical men from every part of the known world.

—Dr. John W. Hamilton, of Brooklyn, N. Y., died suddenly at his residence, No. 435 Classon Ave., on April 11th, in his sixtieth year. He was a native of Pennsylvania and a graduate of the Jefferson Medical College. He served as a surgeon during the war, and settled in Brooklyn fourteen years ago. He was buried with Masonic honors.

QUERIES AND REPLIES.

Luke, the Physician.

Criticus resumes his observations on "Luke, the beloved physician," as follows: "1. Luke is the abbreviation of two very common ancient names, Lucianus and Lucilius. 2. Luke, the Evangelist, died about 75 A.D. 3. The earliest authority for identifying him with the physician, Coloss. i, 14, is Irenæus, who wrote his treatise 181 A.D., more than a hundred years after Luke's death. 4. There is not a line or a word in either the third Gospel or the Acts (both written by the same hand) which indicates that their author was a physician. 5. Another tradition, later, to be sure, but widely received, alleges the Evangelist was a painter by profession. 6. Hence, the assertion that the Evangelist was the physician is merely a plausible guess."

—*G. H. N., of Rome, Ga.*, writes that the name *Luke* occurs only three times in the New Testament—Col. iv, 14 (the Physician), 2 Tim. iv, 11, and Philem., i, 24. Without positive knowledge the learned author of Smith's Bible Dictionary considers it probable all three names refer to the third Evangelist. Luke was a Gentile and a native of Antioch, in Syria (Eusebius' Hist., iii, 4. *Lucius*, Acts xiii, 1, Rom. xvi, 21, was a Jew, a kinsman of the Apostle Paul. (See last quotation.) He considers this testimony as altogether *superior* to mere tradition, since there is *no other Luke known* to be mentioned in the books, whose writers are *very discriminating* as to the names of their characters.

—*G. R. C., of Barrsville, Columbia Co., Fla.*, asks for information regarding the value of *Piscidia erythrinia* as a substitute for opium in painful affections.

Ans.—It is mentioned in the U.S. Dispensatory, among non-officinal medicines, as a powerful narcotic; Stillé, in the National Dispensatory, makes no mention of it whatever. We believe that it has been very little used. Should some of our readers, however, have had the opportunity to test its value, we hope they will enlighten us on the subject.

MARRIAGES.

BERGEN—SILVERS.—At Cranbury, N J., March 23d, by Rev. Joseph Van Dyke, E. H. Bergen, M.D., of Princeton, and Annie L., daughter of Ezekiel Silvers.

CARRELL—DANENHOWER.—At Hartsville, Pa., March 31st, by Rev. G. H. Nimmo, John B. Carrell, M.D., of Hatborough, and Lizzie S., daughter of Abram Danenhower, Esq.

OAKLEY—BRASHEAR.—At St. Andrew's Church, Pittsburg, Pa., Tuesday evening, 13th inst, by Bishop Kerfoot and the Rev. R. J. Coster, Mr. John M. Oakley, of Pittsburg, and Miss Imogen, youngest daughter of B. B. and K. Whitacre Brashear, of Akron, Ohio.

SCHLOSSER—WECKERLY.—On March 24th, 1880, by Rev. D. W. Gordon, at the Siloam M. E. Parsonage, Gerhard Schlosser, M.D., and Miss Lizzie Weckerly, both of Philadelphia.

WALLACE—WILSON.—At Aledo, Ill., March 30th, by Rev. Robert Edgar, Joseph M. Wallace, M.D., and Nannie M. Wilson.

DEATHS.

BROWN.—Suddenly, on the 6th instant, Dr. William Brown, in the 68th year of his age.

FRANKLIN.—At Newark, N. J., April 2, 1880, Jane Cozine Dorland, aged 33 years, wife of B. Franklin, M.D.

HELMUTH.—In this city, on the 8th instant, William Sheaff Helmuth, M.D.

KIRBY-HOWARD.—At the residence of the bride's father, by Rev. Wm. Howard, Dr. W. H. Kirby and Miss Sarah P. Howard, both of Kenney, Ill.

KNIGHT.—Near Fox Chase, 23d Ward, this city, on April 1, 1880, Dr. John Knight, aged 36 years.

LILLY.—At Lambertville, N. J., April 3, 1880, at 12 o'clock, noon, Samuel Lilly, M.D., in the 65th year of his age.

RITTER.—At Morrisania, April 1, Mary, widow of the late Washington Ritter, M.D., aged 70 years.

WALTER.—In New York, on Sunday morning, A. H. Walter, M.D., youngest son of John F. and Christiana Walter, aged 32 years.